

POSITION	INITIALS	ID N°.	DATE
FEE DETERMINATION			
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW	MC	49 907	1/5/91
RESPONSE FORMALITY REVIEW			1/10/91

## INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 — (Through numeral)... Canceled      A ..... Appeal  
 ÷ ..... Restricted      O ..... Objected

Claim	Date
1	Final Original 3/5/91
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3	✓
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If more than 150 claims or 10 actions  
staple additional sheet here

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